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ANTI-INFLAMMATORY AGENTS		
Desonide	0.05%	DuoDerm® (with propylene glycol), EndoPharm
Lotion	0.05%	DuoDerm®, Galderma
Ointment	0.05%	Tridesilon®, Bayer, Clay-Pak

Available by nonprescription name:

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Desoximetasone**Desoxymetasone**

- Desoximetasone is a synthetic fluorinated corticosteroid.

Uses

Desoximetasone shares the actions of the other topical corticosteroids and is used for the relief of the inflammatory manifestations of corticosteroid-responsive dermatoses.

Dosage and Administration

Topical desoximetasone is applied sparingly in a thin film and rubbed gently into the affected area twice daily.

Chemistry and Stability**Chemistry**

Desoximetasone is a synthetic fluorinated corticosteroid. The drug occurs as a white crystalline powder and is very slightly soluble in water and soluble in alcohol.

Stability

Desoximetasone preparations should be stored in well-closed containers at 15–30°C.

For further information on chemistry, pharmacology, absorption, uses, cautions, methods of application, and use of occlusive dressings in therapy with desoximetasone, see the Topical Corticosteroids General Statement 84-06.

Preparations**Desoximetasone**

Topical Cream	0.05%	Desoximetasone Cream, Major, Taro, Zenith Goldline Topicort® LP, Medica
Gel	0.25%	Topicort®; Metrics
Ointment	0.05% 0.25%	Desoximetasone Gel, Taro Topicort® (with SD alcohol 40% w/w), Medica Topicort® (with propylene glycol), Medica Desoximetasone Ointment, Fougera, Taro

Available by nonprescription name:

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Diflorasone Diacetate

- Diflorasone diacetate is a synthetic fluorinated corticosteroid.

Uses

Diflorasone diacetate shares the actions of the other topical corticosteroids and is used for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

Dosage and Administration

Topical diflorasone diacetate cream is applied sparingly in a thin film and rubbed gently into the affected area 2–4 times daily; the emollient cream preparation (Florone® E) and ointments, including the enhanced-potency preparation (Pantron®), are applied 1–3 times daily. Occlusive dressings may be used for severe or resistant dermatoses. Although the manufacturer of Pantron® states that occlusive dressings also may be used with this enhanced-potency preparation, some clinicians recommend that occlusion generally be avoided with this preparation until additional safety data are available.

Chemistry and Stability**Chemistry**

Diflorasone diacetate is a synthetic fluorinated corticosteroid. The drug occurs as a white to buff-colored powder and is insoluble in water.

Stability

Diflorasone diacetate preparations should be stored in well-closed containers at 15–30°C.

For further information on chemistry, pharmacology, absorption, uses, cautions, methods of application, and use of occlusive dressings in therapy with diflorasone diacetate, see the Topical Corticosteroids General Statement 84-06.

Preparations**Diflorasone Diacetate**

Topical Cream	0.05%	Diflorasone Diacetate Cream, Fougera, Taro Florone® (with propylene glycol), Dermik
Ointment	0.05%	Florone® Emollient Cream (with propylene glycol in a hydrophilic cream base), Dermik Maxilor® (with propylene glycol), Allergan
Cream	0.05%	Pantron® (with propylene glycol), Dermik
Ointment	0.05%	Diflorasone Diacetate Ointment, Fougera, Taro Florone®, Dermik Maxilor®, Allergan

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**Fluocinolone Acetonide
Fluocinonide**

- Fluocinolone acetonide and fluocinonide share the actions of the other topical corticosteroids and are used for the relief of the inflammatory manifestations of corticosteroid-responsive dermatoses.

Uses

Fluocinolone acetonide and fluocinonide share the actions of the other topical corticosteroids and are used for the relief of the inflammatory manifestations of corticosteroid-responsive dermatoses.

Dosage and Administration

Fluocinolone acetonide shampoo should be prepared by a pharmacist at the time of dispensing the shampoo; contents of the 12-mg capsule should be mixed with the shampoo base supplied by the manufacturer. The extemporaneously prepared shampoo is stable for 3 months from the time of compounding. The extemporaneously prepared shampoo must be shaken well prior to administration.

Topical preparations of fluocinolone acetonide are applied 2–4 times daily. Fluocinonide preparations are applied topically 3 or 4 times daily. Preparations of the drugs are applied sparingly in thin films and are rubbed gently into the affected area. Occlusive dressings may be used for severe or resistant dermatoses.

Chemistry and Stability**Chemistry**

Fluocinolone acetonide and fluticasone are synthetic fluorinated corticosteroids. Fluocinolone acetonide occurs as an anhydrous or dihydrate, white or nearly white, crystalline powder and is insoluble in water, soluble in practically water, crystalline powder and is insoluble in water, soluble in alcohol, and sparingly soluble in propylene glycol. Fluticasone, the 21-acetate ester of fluocinolone acetonide, occurs as a white to cream-colored, crystalline powder having not more than a slight odor and is practically insoluble in water and slightly soluble in alcohol.

Stability

Fluocinolone acetonide and fluticasone preparations should be stored in tight containers at a temperature less than 40°C, preferably between 15–30°C; freezing should be avoided.

The extemporaneously prepared shampoo is stable for 3 months from time of compounding. (See Dosage and Administration.)

For further information on chemistry, pharmacology, absorption, uses, cautions, methods of application, and use of occlusive dressings in therapy with fluocinolone acetonide and fluticasone, see the Topical Corticosteroids General Statement 84-06.

Preparations**Fluocinolone Acetonide****Topical**

Cream	0.01%	Synalar® (with parabens and propylene glycol), Medis
Cream	0.025%	Synalar® Emollient Crème, Medis
For Shampoo	0.01%	Caper® Shampoo, Goldene
Ointment	0.025%	PG® Shampoo (available as fluocinolone acetonide 12 mg capsule and shampoo base with parabens and propylene glycol in prepuce, 150 mL of shampoo), H&H
Ointment	0.01%	Derm-Smooth/FST® (with propylene glycol), H&H
Solution	0.01%	Fluocinolone Acetonide Ointment, Fougera, G.W., Major, Moore, Zenith Goldline Synalar®, Medis
Solution	0.05%	Fluticasone (with propylene glycol), Allergan
Solution	0.05%	Synalar® (with propylene glycol), Medis

*Available by nonproprietary name

Fluticasone**Topical**

Cream	0.05%	Fluticasone E-Emollient Cream, Alpharma, Major, Taro, Teva, Zenith Goldline
Gel	0.05%	Lidex® (with propylene glycol), Medis
Ointment	0.05%	Lidex-E Emollient Cream (with propylene glycol), Medis
Solution	0.05%	Fluticasone Gel, Fougera, Taro, Teva
Solution	0.05%	Lidex® Gel (with propylene glycol), Medis
Solution	0.05%	Lidex® (with alcohol 35% and propylene glycol), Medis

*Available by nonproprietary name

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Flurandrenolide**Flurandrenolone Acetonide****Chemistry**

Flurandrenolide is a synthetic fluorinated corticosteroid. Flurandrenolide shares the actions of the other topical corticosteroids and is used for the relief of the inflammatory manifestations of corticosteroid-responsive dermatoses.

Dosage and Administration

Topical preparations of flurandrenolide are applied sparingly in thin films and are rubbed gently into the affected area 2 or 3 times daily. Occlusive dressings may be used for severe or resistant dermatoses. The topical dressing (tape) is generally applied as an occlusive dressing to clean, dry affected areas every 12 hours.

Chemistry and Stability**Chemistry**

Flurandrenolide is a synthetic fluorinated corticosteroid. The drug occurs as a white-to-tan-white, fluffy, crystalline powder and is practically insoluble in water and sparingly soluble in alcohol.

Stability

Flurandrenolide cream, lotion, and ointment should be protected from light and stored in tight containers at a temperature less than 40°C; preferably, between 15–30°C; freezing should be avoided. Flurandrenolide tape should be stored at 15–30°C.

For further information on chemistry, pharmacology, absorption, uses, cautions, methods of application, and use of occlusive dressings in therapy with flurandrenolide, see the Topical Corticosteroids General Statement 84-06.

Preparations**Flurandrenolide****Topical**

Cream	0.025%	Cordran® SP (with propylene glycol), Oclussen
Lotion	0.05%	Cordran® SP (with propylene glycol), Oclussen
Dressing	4 µg/cm ²	Cordran® Tape, Oclussen
Lotion	0.05%	Cordran® (with benzyl alcohol), Oclussen
Ointment	0.025%	Cordran®, Oclussen
	0.05%	Cordran®, Oclussen

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Halcinonide**Chemistry**

Halcinonide is a synthetic fluorinated corticosteroid. Halcinonide shares the actions of the other topical corticosteroids and is used for the relief of the inflammatory manifestations of corticosteroid-responsive dermatoses.

Dosage and Administration

Topical preparations of halcinonide are applied sparingly in thin films and are rubbed gently into the affected area 2 or 3 times daily. Occlusive dressings may be used for severe or resistant dermatoses.

Chemistry and Stability**Chemistry**

Halcinonide, a synthetic fluorinated corticosteroid, occurs as a white, crystalline powder and is insoluble in water and slightly soluble in alcohol.

Stability

Halcinonide 0.1% cream should be stored in well-closed containers at room temperature; freezing or refrigeration should be avoided. Halcinonide creams and

the scalp and hairy areas of the trunk and extremities, is applied and rubbed thoroughly into the affected area twice daily. Following application of the lotion, the affected area should be protected (i.e., from washing, clothing, or rubbing) until the lotion has dried. Occlusive dressings may be used for severe or resistant dermatoses.

Chemistry and Stability

■ Chemistry

Amcinonide is a synthetic fluorinated corticosteroid. Amcinonide occurs as a white solid and is insoluble in water.

■ Stability

Amcinonide cream should be stored in well-closed containers at a temperature less than 40°C, preferably between 15–30°C; freezing should be avoided. Amcinonide lotion and ointment should be stored at 15–30°C; freezing of the lotion should be avoided.

For further information on chemistry, pharmacology, absorption, uses, cautions, methods of application, and use of occlusive dressings in therapy with amcinonide, see the Topical Corticosteroids General Statement 84:06.

Preparations

Amcinonide

Topical

Cream	0.1%	Cyclosoft® (with benzyl alcohol 2% and Aquaphor® hydrophilic base). Fujisawa.
Lotion	0.1%	Cyclosoft® (with benzyl alcohol 1% w/v and Aquaphor® hydrophilic base). Fujisawa.
Ointment	0.1%	Cyclosoft® (with benzyl alcohol and propylene glycol). Fujisawa.

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Betamethasone

Flubenisolone

■ Betamethasone is a synthetic fluorinated corticosteroid.

Uses

Betamethasone shares the actions of the other topical corticosteroids and is used for the relief of the inflammatory manifestations of corticosteroid responsive dermatoses.

For systemic uses of betamethasone, see 88:04.

Dosage and Administration

Betamethasone dipropionate and valerate are applied topically; concentrations of the dipropionate and valerate preparations usually are expressed in terms of betamethasone. Concentration of betamethasone valerate foam is expressed in terms of betamethasone valerate. Topical preparations of the drug usually are applied sparingly in thin film and are rubbed gently into the affected area 1–4 times daily; betamethasone dipropionate lotions, creams, and ointments are applied once or twice daily. Dosage of 0.05% gel or lotion in an optimized (augmented) vehicle (e.g., Diprolene® AP cream, Diprolene® lotion) should not exceed 50 g or 50 mL per week, respectively; digitation of therapy with these preparations should not exceed 14 days. Dosage of 0.05% ointments or creams in an optimized (augmented) vehicle should not exceed 45 g per week. When betamethasone aerosols are applied, an area about the size of the patient's hand is sprayed for not more than 3 seconds from a distance of about 15 cm 3 or 4 times daily. Betamethasone dipropionate preparations and betamethasone valerate foam preparations should not be used with occlusive dressings, and patient should be warned that treated areas of the skin should not be bandaged or otherwise covered, or wrapped as to be occlusive, unless directed by a clinician. For application to the scalp, the can containing the betamethasone valerate foam should be inverted and small amounts of the preparation placed on a saucer or other cool surface. The foam should not be dispensed directly to the hands since the foam will begin to melt immediately upon contact with warm skin. Small amounts of the preparation should be massaged gently into the scalp until the foam disappears and entire scalp area has been treated.

Cautions

Betamethasone shares the toxic potentials of other topical corticosteroids, and the usual precautions of corticosteroid therapy should be observed. (See Cautions in the Topical Corticosteroids General Statement 84:06.)

Betamethasone dipropionate gel, lotions, creams, and ointments, particularly those in optimized (augmented) vehicles, are some of the most potent

topical corticosteroid preparations currently available. Because of their potency, these preparations can suppress the hypothalamic-pituitary-adrenal (HPA) axis following topical application, and reversible HPA-axis suppression has occurred following topical dosages as low as 7 g, 7 mL, or 7 g of the 0.05% betamethasone dipropionate gel, lotion, or cream, respectively, in optimized (augmented) vehicles (3.5 mg of betamethasone) daily. Reversible HPA-axis suppression has also occurred following repeated topical dosages of 14 g of the 0.05% dipropionate in an optimized (augmented) vehicle (7 mg of betamethasone) daily in patients with psoriasis and minimal suppression has occurred following 3.5 g of this dipropionate (1.75 mg of betamethasone) twice daily for 2–3 weeks in healthy individuals and in patients with psoriasis or eczema.

■ Pediatric Precautions

Lotriene® cream is not recommended for use in the treatment of diaper dermatitis. Use of Diprolene® cream or ointment preparations in children younger than 12 years of age is not recommended, and the safety and efficacy of Diprolene® lotion in children younger than 12 years of age have not been established. In addition, the safety and efficacy of Erythra® foam in pediatric patients have not been established. (See Cautions: Pediatric Precautions, in the Topical Corticosteroids General Statement 84:06.)

Chemistry and Stability

■ Chemistry

Betamethasone is a synthetic fluorinated corticosteroid. Betamethasone occurs as a white to practically white, crystalline powder and is insoluble in water and sparingly soluble in alcohol. Betamethasone currently is commercially available for topical use only as dipropionate and valerate esters. Betamethasone dipropionate occurs as a white to cream-white powder and is insoluble in water. Betamethasone valerate occurs as a white to practically white powder and is practically insoluble in water and soluble in alcohol.

■ Stability

Betamethasone preparations should be stored as directed by the manufacturer.

For further information on chemistry, pharmacology, absorption, uses, cautions, methods of application, and use of occlusive dressings in therapy with betamethasone, see the Topical Corticosteroids General Statement 84:06.

Preparations

Betamethasone Dipropionate

Topical		Diprone® Aerosol (with isopropyl alcohol 10% and hydrocarbon propellent). Schering.
Aerosol	60 mg (of betamethasone) per 3-second spray	
Cream	0.05% (of betamethasone)*	Alphatrex®, Savage, Del-Bete®, Dot-Ray
Gel	0.05% (of betamethasone)	Diprone® AP (with propylene glycol in an optimized [augmented] vehicle). Schering.
Lotion	0.05% (of betamethasone)	Alphatrex® (with isopropyl alcohol), Savage, Del-Beta®, Dot-Ray
Ointment	0.05% (of betamethasone)	Diprone® Lotion (with isopropyl alcohol 30% and propylene glycol in an optimized [augmented] vehicle). Schering.
		Diprone® (with isopropyl alcohol 46.8%). Schering.
		Mavigel® (with isopropyl alcohol). Westwood-Quinn.
		Diprone® (with propylene glycol in an optimized [augmented] vehicle). Schering.
		Alphatrex® (with isopropyl alcohol), Savage.
		Del-Beta®, Dot-Ray
		Diprone® Lotion (with isopropyl alcohol 30% and propylene glycol in an optimized [augmented] vehicle). Schering.
		Mavigel® (with isopropyl alcohol). Westwood-Quinn.
		Alphatrex®, Savage.
		Betamethasone.
		Diprone® Augmented Ointment, Alphatrex, Wondex.
		Diprone® (with propylene glycol in an optimized [augmented] vehicle). Schering.

*Acinetobacter, Citrobacter, Enterobacter, Providencia, Serratia, and streptococci in vitro. *Candida albicans* may be inhibited by silver sulfadiazine concentrations of 50–100 µg/mL, and *Herpesvirus hominis* may be inhibited by 10 µg/mL. In higher concentrations, the drug inhibits *Clostridium perfringens*.*

Pharmacokinetics

Silver sulfadiazine itself does not appear to be absorbed. When in contact with body tissues and fluids, silver sulfadiazine slowly reacts with sodium chloride, sulphydryl groups, and protein, resulting in the release of sulfadiazine. Sulfadiazine may be systemically absorbed from the site of application, particularly when silver sulfadiazine is applied to extensive degree burns. When the drug is applied to extensive burns, serum sulfadiazine concentrations of up to 10 mg/dL have been reported. In one study, patients who were treated with 5–10 g of silver sulfadiazine daily applied as a 1% cream were found to have blood sulfadiazine concentrations of 1–2 mg/mL; 100–200 mg of sulfadiazine was excreted in urine within 24 hours following application of the cream. When 5–15 g/kg of a cream containing 1% silver sulfadiazine was applied daily for 100 days to experimentally abraded areas on rabbits, an unidentified silver compound was deposited in renal tissue; however, concurrent impairment of renal function was not noted.

Chemistry and Stability

■ Chemistry

Silver sulfadiazine is a synthetic anti-infective agent produced by the reaction of silver nitrate with sulfadiazine. Silver sulfadiazine occurs as a white, fluffy powder and is practically insoluble in water. The commercially available cream contains silver sulfadiazine in micronized form.

■ Stability

Silver sulfadiazine cream should be stored at 15–30°C.

Silver sulfadiazine reacts with other heavy metals; this reaction may result in release of free silver and darkening of the cream. If this occurs, the cream should be discarded. When silver sulfadiazine is used in conjunction with topical proteolytic enzymes, the possibility that silver may inactivate the proteolytic enzymes should be considered; however, the manufacturer of sulfadiazine (no longer commercially available in the US) has stated that this did not occur with its product.

Preparations

Silver Sulfadiazine

Topical Cream 1%

SSD® (with cetyl alcohol, methylparaben, and propylene glycol), Par
SSD AF® (with methylparaben and propylene glycol), Par
Silvadene® (with methylparaben and propylene glycol), Monarch
Thermazene® (with methylparaben and propylene glycol), Major, Par, Sherwood, Zenith Goldline

*available by nonproprietary name.

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ANTI-INFLAMMATORY AGENTS 84:06

Topical Corticosteroids General Statement

■ Hydrocortisone or synthetic derivatives of hydrocortisone are used topically as anti-inflammatory agents.

Uses

■ Dermatoses

Topical corticosteroids are used for the symptomatic relief of inflammatory

dermatoses. The cause of the dermatoses should be determined and eliminated if possible; dermatoses are controlled but not cured by these drugs. Although systemic corticosteroids are more effective in most dermatologic inflammations, topical treatment is preferred in most responsive cases because it causes fewer adverse systemic effects.

Topical corticosteroids generally are most effective in the treatment of acute or chronic dermatoses such as seborrheic or atopic dermatitis, localized neurodermatitis, angular cheilitis, pruritis (particularly of the face and between skin folds), and the inflammatory phase of acne. Topical corticosteroids are effective in the late phase of allergic contact dermatitis or irritant dermatitis, but systemic corticosteroids are usually required to relieve the acute manifestations of these dermatoses.

Individual topical corticosteroid preparations vary in anti-inflammatory activity (as measured by vasconstrictor assay) and in percutaneous penetration; but therapeutic efficacy of a particular drug can often be increased by increasing the concentration or by using occlusive dressing therapy. As with systemic use, some patients may respond better to one topical corticosteroid than to another. Topical corticosteroid preparations may be grouped according to relative anti-inflammatory activity, but activity may vary considerably depending upon the vehicle, the site of application, disease, the individual patient, and whether or not an occlusive dressing is used. (See Pharmacokinetics.) Approximate relative activity (based principally on vasconstrictor assay and/or clinical effectiveness in pemphigus) of some topical corticosteroid preparations in decreasing order is as follows (preparations in each group are approximately equivalent):

Group I

Betamethasone dipropionate (Diprosone®) cream (optimized vehicle) or ointment (optimized vehicle) 0.05% (of betamethasone)
Betamethasone dipropionate (Diprosone®) cream 0.05% (of betamethasone)
Clobetasol propionate (Torsade®, Otriva®) cream, foam, or ointment 0.05%
Diflorasone diacetate (Psorcon®) ointment (optimized vehicle) 0.05%

Group II

Amoncide (Cyclocort®) ointment 0.1%
Betamethasone dipropionate (Diprosone®) ointment 0.05% (of betamethasone)
Desonide (Topicort®) cream or ointment 0.25%
Desoximetasone (Topicort®) gel 0.05%
Diflorasone diacetate (Florone®, Maxilar®) ointment 0.05%
Fluocinonide (Udex®) cream or ointment 0.05%
Flucononide gel 0.05%
Halcinonide (Atalog®) cream 0.1%

Group III

Betamethasone benzoate gel 0.025%
Betamethasone dipropionate (Diprosone®) cream 0.05% (of betamethasone)
Betamethasone valerate (Valisone®) ointment 0.1% (of betamethasone)
Diflorasone diacetate (Florone®, Maxilar®) cream 0.05%
Mometasone furoate (Elocon®) ointment 0.1%
Triamcinolone acetonide (Aristocort®, Kenalog®) cream 0.1%

Group IV

Desoximetasone (Topicort® LP) cream 0.05%
Fluocinolone acetonide (Synalar-H®) cream 0.2%
Fluocinolone acetonide (Synalar®) ointment 0.025%
Flurandrenolide (Cordran®) ointment 0.05%
Triamcinolone acetonide (Aristocort®, Kenalog®) ointment 0.1%

Group V

Betamethasone benzoate cream 0.025%
Betamethasone dipropionate (Diprosone®) lotion 0.05% (of betamethasone)
Betamethasone valerate (Valisone®) cream 0.1% (of betamethasone)
Betamethasone valerate (Valisone®) lotion 0.1% (of betamethasone)
Fluocinolone acetonide (Synalar®) cream 0.025%
Flurandrenolide (Cordran®) cream 0.05%
Hydrocortisone butyrate (Locoid®) cream 0.1%
Hydrocortisone valerate (Weleve®) cream 0.2%
Prednicarbate (Dermatop®, Emolight) cream 0.1%
Triamcinolone acetonide (Aristocort®, Kenalog®) cream 0.1%
Triamcinolone acetonide (Kenalog®) lotion 0.1%

Group VI

Alclometasone dipropionate (Activolite®) cream or ointment 0.05%
Desonide (Tideson®) cream 0.05%
Fluocinolone acetonide (Synalar) solution 0.01%